



**BOAH Application for Indiana
Aquaculture Pre-Entry Permit**

State Form Number



Indiana State Board of Animal Health

805 Beachway Drive, Ste. 50

Indianapolis, IN 46224-7785

Phone: 317/227-0300; Fax: 317/227-0330

Email: animalhealth@boah.in.gov

INSTRUCTIONS: Submit completed application and all supporting documentation (Fish Health Inspection Report and certification letter from competent authority for aquatic animal health for place of origin) to the Indiana State Board of Animal Health (BOAH). **All requirements must be met in order for the application to be processed.** The application should be submitted to BOAH as far in advance of the anticipated movement as possible, but at least 14 days prior to the movement. **PLEASE PRINT LEGIBLY.**

Movement cannot occur until the pre-entry permit is issued by BOAH.

Facility of Origin Information

Name of owner: _____ Premise ID (optional) _____

Mailing address of owner of facility of origin: _____

Location of fish (if other than above): _____

County: _____ Telephone number: _____

Fish Health inspector: _____ Telephone number: _____

Indiana Owner/ Destination Information

Space for four destinations are included on this form, if additional intended destinations for this fish shipment, include this information on an additional sheet of paper.

Name of owner: _____ Premise ID (optional) _____

Mailing address: _____

Indiana destination of fish (if other than above): _____

County: _____ Telephone number: _____

Indiana Owner/ Destination Information #2 (if applicable)

Name of owner: _____ Premise ID (optional) _____

Mailing address: _____

Indiana destination of fish (if other than above): _____

County: _____ Telephone number: _____

Indiana Owner/ Destination Information #3 (if applicable)

Name of owner: _____ Premise ID (optional) _____

Mailing address: _____

Indiana destination of fish (if other than above): _____

County: _____ Telephone number: _____

Indiana Owner/ Destination Information #4 (if applicable)

Name of owner: _____ Premise ID (optional) _____

Mailing address: _____

Indiana destination of fish (if other than above): _____

County: _____ Telephone number: _____

Hauler Information

Name of hauler: _____
Mailing address: _____
Telephone number: _____ Hauler DNR Permit number _____

Shipment Information

Pre-entry permit requested for (indicate quantity):

- ☐ Live Animal(s) _____ ☐ Gametes _____
☐ Direct-to-Slaughter _____ ☐ Research _____
☐ Other _____

Species in proposed movement: _____

Anticipated date of movement: _____

Applicant Agreement

This application was completed by: _____ of _____
(Printed name) (Affiliation)
on _____
(Date)

I affirm that all information on this application is true and accurate to the best of my knowledge.

Signature: _____

FOR OFFICE USE ONLY**Certifying Documentation Information**

Fish Health Inspection Report Date/Number: _____
Veterinarian's name: _____
Competent Aquatic Animal Health Authority: _____
Date Certifying Letter issued: _____
VS 1-27 Number: _____

APPROVED BY: _____ **DATE:** _____

OR

DENIED BY: _____ **DATE:** _____

PERMIT NUMBER: _____